

Use of the Suggested Clinical Data Elements is voluntary / optional

## Vitamin and Metabolic Progress Note Suggested Clinical Data Elements (CDEs)

Version R1.0b (6/19/2018)

Note: If these CDEs are used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required

### Beneficiary Information CDEs

PBD: Patient/Beneficiary Demographics

**PBD1:** Patient's first name, last name, and middle initial (text)

**PBD2:** Patient's date of birth (date: MM/DD/YYYY)

**PBD3:** Patient's Gender (Single selection from the value set: M, F, Other)

**PBD4:** Patient's Medicare ID (Medicare ID format and check digit)

### Encounter CDEs

PND: Physician/NPP Demographics

If different from the signing provider

**PND1:** Provider first name, last name, middle initial, and suffix (text).

**PND2:** Provider NPI (Numeric with check digit)

### Diagnoses Information CDEs

DIAG: Diagnoses

Note: ICD-10-CM (code), Description (text)

**DIAG3:** Supportive Diagnoses (Repeat until complete: ICD-10-CM, Description)

### Clinical Indicators CDEs

VITCLIN: Clinical indicators for vitamin and metabolic assays (see Appendix A)

**VITCLIN1:** Clinical indications for ordered tests (text)

*Guidance to complete 1) chief complaint and relevant history, 2) medications, 3) review of systems, 4) physical exam, 5) assessment, 6) treatment plan and 7) orders if they provide relevant documentation to support the need for vitamin and metabolic assays.*

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### **Subjective CDEs**

SUB: Subjective

***SUB1:** Chief complaint / history of present illness and associated signs / symptoms (text)*

***SUB2:** Related past medical / surgical history (text)*

MED: Medications (Status value set: New, Current, Modified, Discontinued)

***MED1:** Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)*

***MED2:** Other medications (text)*

ALL: Allergies (include RxNorm if Known)

***ALL1:** Allergies (RxNorm, Description ...)*

### **Review of Systems CDEs**

ROS: Review of Systems (Multiple selection from all of the following elements, ROS1-ROS21 and value set following each)

***ROS1:** General: weight gain, weight loss, sleeping problems, fatigue, fever, chills, night sweats/diaphoresis*

***ROS1a:** other: (text)*

***ROS2:** Skin: pressure ulcers, rashes, changes in nails/hair, eczema, pruritus*

***ROS2a:** other: (text)*

***ROS3:** Lymphatic: swollen glands/masses (in the neck, axilla, groin)*

***ROS3a:** other: (text)*

***ROS4:** Head: fainting, dizziness, headaches*

***ROS4a:** other: (text)*

***ROS5:** Eyes: diplopia, glasses/contact lenses, redness/discharge, blurred vision, glaucoma, cataracts*

***ROS5a:** other: (text)*

***ROS6:** Ears: tinnitus, discharge, hearing loss*

***ROS6a:** other: (text)*

***ROS7:** Nose: epistaxis, sinus infections, discharge, polyps*

***ROS7a:** other: (text)*

***ROS8:** Oral: dysphagia, hoarseness, teeth/dentures*

***ROS8a:** other: (text)*

***ROS9:** Neck: lumps, pain on movement*

***ROS9a:** other: (text)*

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**ROS10:** Breast: masses/tumors, tenderness, discharge, gynecomastia

**ROS10a:** other: (text)

**ROS11:** Pulmonary: cough, shortness of breath, pain, wheezing, hemoptysis, sputum production

**ROS11a:** other: (text)

**ROS12:** Cardiac: chest pain, palpitations, orthopnea, murmur, syncope

**ROS12a:** other: (text)

**ROS13:** Vascular: edema, claudication, varicose veins, thrombophlebitis, ulcers

**ROS13a:** other: (text)

**ROS14:** Gastrointestinal: swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis

**ROS14a:** other: (text)

**ROS15:** Renal: dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria

**ROS15a:** other: (text)

**ROS16:** Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fractures, deformity, weakness

**ROS16a:** other: (text)

**ROS17:** Neurologic: seizures, poor memory, poor concentration, numbness/tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, falls, vertigo, headaches, stroke, speech disorders

**ROS17a:** other: (text)

**ROS18:** Psychiatric: hallucinations, delusions, anxiety, nervous breakdown, mood changes

**ROS18a:** other: (text)

**ROS19:** Hematology: anemia, bruising, bleeding disorders (conditional)

**ROS19a:** other: (text)

**ROS20:** Endocrine: heat or cold intolerance, diabetes, lipid disorders, goiter

**ROS20a:** other: (text)

**ROS21:** Other:(text)

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### **Objective / Physical Exam CDEs**

OBJ: Objective / Physical Exam:

**OBJ1:** *Vital Signs:*

**OBJ1a:** *Temperature: (numeric and units)*

**OBJ1b:** *Pulse: (numeric – beats per minute)*

**OBJ1c:** *Respiration: (numeric – breaths per minute)*

**OBJ1d:** *Blood Pressure:*

*Systolic: (numeric – mm of mercury)*

*Diastolic: (numeric – mm of mercury)*

**OBJ1e:** *Height: (single part: numeric and units or two part with numeric and units for each)*

**OBJ1f:** *Weight: (single part: numeric and units or two part with numeric and units for each)*

OBJ: Objective / Physical Exam:

**OBJ2:** *General Appearance: (text)*

**OBJ3:** *Head and Neck: (text)*

**OBJ4:** *Chest/lungs: (text)*

**OBJ5:** *Cardiovascular: (text)*

**OBJ6:** *Abdominal: (text)*

**OBJ7:** *Musculoskeletal / extremities: (text)*

**OBJ8:** *Neurological: (text)*

**OBJ9:** *Psychiatric: (text)*

**OBJ10:** *Visual Exam: (text)*

**OBJ11:** *Other: (text)*

### **Assessment and Plan CDEs**

ASM: Assessment

**ASM1:** *Assessment/Status (text)*

PLAN: Treatment Plan

**PLAN1:** *Treatment Plan (text)*

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ORD: Orders

***ORD1:** Medications: (text)*

***ORD2:** Supplies: (text)*

***ORD3:** Investigations (Diagnostic testing): (text)*

***ORD4:** Consults: (text)*

***ORD5:** Other: (text)*

### **Provider Signature CDEs**

SIGPNP: Physician/NPP Signature Elements

**SIGPNP1:** Physician/NPP Signature (image, electronic, or digital)

**SIGPNP2:** Physician/NPP Printed Name (text)

**SIGPNP5:** Date of Signature (MM/DD/YYYY)

**SIGPNP4:** Physician/NPP NPI (NPI format)